

Vax Facts

E-NEWS FROM THE NORTH CAROLINA IMMUNIZATION BRANCH

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Welcome!

Thanks for subscribing to Vax Facts, the North Carolina Immunization Branch's e-newsletter. We hope this will help us stay connected to immunization providers across North Carolina. Feel free to share this document with whomever you choose and encourage your colleagues to subscribe. Sign up instructions are at the end of this e-newsletter.

What's Going on at the Immunization Branch?

OCTOBER 1 IS HERE!

North Carolina Immunization Program Changes Effective Today!

Providers Serving Underinsured Children

Effective Oct. 1, private providers may no longer serve VFC children who are in the category of underinsured. They may only serve VFC children who are either Medicaid eligible, American Indian/Alaskan native, or uninsured.

What does underinsured mean?

The following children are considered underinsured if:

- *they have commercial (private) health insurance but the coverage does not include vaccines*;*
- *their insurance covers only selected vaccines (in this scenario, only non-covered vaccines may be provided through VFC); or,*
- *their insurance caps vaccine coverage at a certain amount – once that coverage amount is reached, these children are categorized as underinsured.*

** Note: Children whose health insurance covers vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met or because the insurance did not cover the total cost of the vaccine.*

Coverage Changes

Due to the implementation of the Affordable Care Act (ACA), the CDC has eliminated federal funding for the vaccination of insured patients. This change affects the NCIP, thus resulting in changes to our coverage criteria.

Please refer to the Immunization Branch [website](#) to view memos and a FAQ document which contains detailed information regarding these changes.

What is our most frequently asked question? Does this mark the end of NCIP's Universal Tdap Program? Yes, unfortunately, it does. Please consult our [coverage criteria](#) for the latest Tdap eligibility.

Coverage Criteria Updated

Due to the Oct. 1 changes to the NCIP, the [NC Coverage Criteria](#) has been updated to reflect these changes. Please visit the Coverage Criteria section on our website to view the Coverage Criteria document for more detailed information. Coverage Changes have been made to the following vaccines:

DTap/polio and Hib combination (Pentacel)

Hep A and Hep B combination

Hepatitis B Pediatric Product

Hepatitis B Adult use

Hib

Influenza Pediatric use

Influenza Adult use

Meningococcal Conjugate

MMR Pediatric use

MMR Adult use

MMRV

Td Adult use

Tdap Pediatric use

Tdap Adult use

NCIP Regional Workshops a Success!

Thank you to the 588 participants who attended any of our six regional workshops. The workshops were held in Cary, Wilmington, Charlotte, Asheville, Greensboro and Greenville. The PowerPoint presentation from the workshops is available for you to view and print [here](#).

National Immunization Survey Shows Drop in NC Rates

Overall immunization rates in North Carolina dropped in 2011, this according to the National Immunization Survey. The state's ranking dropped to #24 in for 2011. (#14 in 2010 and #4 in 2009).

Click here to [view](#) the report.

It's That Time of the Year Again – FLU!

Now that fall has arrived, so has flu season! In addition to reminding your patients about getting their yearly influenza vaccine, take time to check that everyone in your practice has received their influenza vaccine as well. As a reminder, the Immunization Branch has a variety of [flu materials](#) that you may [order](#) and/or download for your practice.

Are You In Compliance?

Maintaining the Cold Chain

"Cold chain" refers to the process used to maintain a given temperature range during the transport, storage, and handling of vaccines, starting at the manufacturer and ending with the administration of the vaccine to the client.

Vaccines must be stored properly from the time they are manufactured until there are administered. Exposure to temperatures outside the range indicated on the package insert affects the potency, increasing the risk that recipients will not be protected against vaccine-preventable disease. Once potency is lost, it cannot be restored. An estimated 17 to 37 percent of providers expose vaccines to improper storage temperatures. Refrigerator temperatures are more commonly kept too cold rather than too warm. Out of range temperatures require [immediate action](#).

Maintaining the potency of vaccines is important for several reasons.

- There is a need to ensure that an effective product is being used. Vaccine failures caused by administration of compromised vaccine may result in the re-emergence or occurrence of vaccine preventable disease.

- Careful management of resources is important. Vaccines are expensive and can be in short supply. Loss of vaccines may result in the cancellation of immunization clinics resulting in lost opportunities to immunize.
- Revaccination of people who have received an ineffective vaccine is professionally uncomfortable and may cause a loss of public confidence in vaccines and/or the health care system.

Click [here](#) to view the NCIP's required steps to maintain the cold chain at your facility.

Kudos!

Wake County Human Services vaccinated their critical infrastructure with state supplied Tdap vaccine. This included staff from the sheriff's department, jailers, librarians, firemen, etc. As of mid-September, 5,430 individuals had been immunized.

They also administered Tdap to current state employees at the recent State Employees Health Fair Expo.

Most Current VISs

As of Oct. 1, the most recent versions of the [Vaccine Information Statements](#) (VIS) are as follows:

DTaP/DT	5/17/07	MMR	4/20/12
Hepatitis A	10/25/11	MMRV	5/21/10
Hepatitis B	2/12/12	PCV13	4/16/10
Hib	12/16/98	PPSV	10/6/09
HPV – Cervarix	5/3/11	Polio	11/8/11
HPV – Gardasil	2/22/12	Rabies	10/6/09
Influenza (inactive)	7/2/12	Rotavirus	12/6/10
Influenza (live)	7/2/12	Shingles	10/6/09
Japanese encephalitis	12/7/11	Td/Tdap	1/24/12
Meningococcal	10/14/11	Typhoid	5/29/12
Multi-vaccine (VIS) (for 6 vaccines given to infants/children: DTaP, IPV, Hib, Hep B, PCV, RV)	9/18/08	Varicella	3/13/08
		Yellow fever	3/30/11

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